Model Government Health Care Benefit Package and Funding

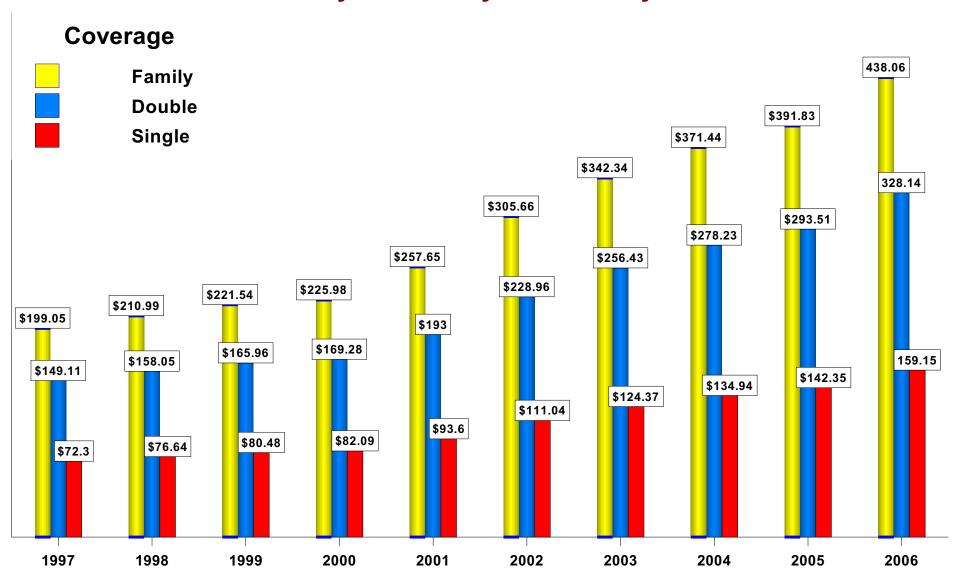
Retirement and Independent Entities Committee
June 28, 2005



- Current Procurement Process
- Model Health Care Benefit Package
- Funding Issues and Recent Studies
- Other States' Experiences

Total Health Insurance Premium – PEHP Preferred Care

10 Year History – Biweekly Premium by Fiscal Year



Prepared by the Office of Legislative Research and General Counsel, June 2005 Source: Department of Human Resource Management, June 2005

Current Health Care Benefits Procurement Process School Districts, Higher Education, and Others

Process is repeated every 1 to 3 years (typically bid is every 3 years with annual benefits and premium rate adjustments)

Step 1

 Hire a consultant (an Insurance Committee may be involved in the selection)

Step 3



Step 2

■ Insurance Committee makes final decision/ recommendation to the superintendent, school board, or president (generally based in consultant's recommendations)

- Consultant:
 - Develops a health care package
 - ▶ Develops an RFP
 - Reviews offers from insurance carriers
 - Presents recommendations to an Insurance Committee
 - Negotiates final package

Current Health Care Benefits Procurement Process

Same State Tax Dollars – Duplication?

Question:

- State tax dollars fund health care benefits for:
 - state employees;
 - higher education employees (10 institutions); and
 - school district employees (40 districts)

- Does the health care procurement process need to be repeated independently by each of these state funded entities?
- Could a new process be developed and implemented that reduces duplication and saves state tax dollars?

Current Health Care Benefits Procurement Process

Limited Number of Insurance Carriers

– Expertise Needed?

- Primary Utah Health Insurance Carriers include (8 carriers):
 - Altius Health Plans
 - Educators Mutual Insurance Association (EMIA)
 - ► IHC Health Plans
 - Public Employees Health Plan (PEHP)
 - Regence Blue Cross/Blue Shield of Utah
 - United HealthCare of Utah
 - ▶ Aetna
 - Cigna

Question:

What role should consultants play to help state funded entities procure health care?

Current Health Care Benefits Procurement Process General Questions

- What differences are there between state-funded health care benefits plans?
 - ► How much special designing is needed for "local needs"?
- Should a model health care benefit plan and RFP be developed and maintained?
- Could one consultant be used to advise public entities on:
 - a statewide model health care benefit plan; and
 - ▶ a model RFP?
- Could a statewide Insurance Committee:
 - design and maintain the model plan and model RFP; and
 - oversee the consultant?
- Could public entities use the models and submit their own RFP's and continue to select their own insurance carriers?
- Could the Division of Purchasing and General Services be used in some way similar to other state contract arrangements to assist in this process?

Current Health Care Benefits Procurement Process

Consultant Fee Questions

- How are consultants paid?
- What relationships do they have with the insurance carrier and other health care vendors?
- Does a financial incentive exist for a consultant to recommend a particular insurance carrier or vendor?
- Is full disclosure needed for consultant fees, other compensation, and relationships with insurance carriers and vendors?

Model Health Care Benefit Package

Key Principles

- Competitive within the market comparable to other large in-state employers
 - Attract and retain high quality employees
- Designed to encourage active consumer decision making (consumerism)
 - Copays and coinsurance should be set to:
 - provide incentives for "thoughtful" usage;
 - increase with more expensive services; and
 - balance with premium share amounts
 - Premium share amounts should be set to:
 - provide incentives for "thoughtful" enrollment; and
 - balance with copays and coinsurance amounts
- See Draft Model Handout

Cost of Health Care Benefits

Average of all individuals covered under a state employee policy Average for 12 months prior to May 1, 2005

\$201.72 Total Cost Per Month Per Covered Person

